

CAROLINE COUNTY HEALTH DEPARTMENT

Division of Environmental Health (410) 479-8045

P.O. Box 10, Denton, MD 21629

Located at 403 S 7th Street, Denton (FAX: (410) 479-4082)

SEWAGE AND WATER ALLOCATION CERTIFICATE

Date: _____

NAME OF TOWN: _____

ADDRESS: _____

FAX: _____

CITY/STATE/ZIP _____

Proposed Project:

___ Single family dwelling (number of lots _____)

___ Multi-family dwelling (Duplex, number of units _____)

___ Commercial/Industrial, Type of Business _____ and # employees _____

Name of Project: _____

(please put owner's name and Business name if applicable)

Property Tax ID: _____

Location of Project: _____

(911 # and Road Name)

_____/_____/_____
Map / Parcel/ Lot

Is sewer and/or water supply extension needed? () Yes () No

HEALTH DEPARTMENT USE:

Approved by: _____ Date: _____ Est Flow: _____ gpd.

This results in a net available flow of _____ gpd.

THIS APPROVAL HEREBY CONFIRMS THE REQUIREMENTS OF THE ANNOTATED CODE OF MARYLAND, ENVIRONMENTAL ARTICLE §-512 HAVE BEEN MET. THE APPROVAL AND ISSUANCE OF ANY BUILDING PERMIT FOR THE PROJECT IS THE JURISDICTION OF THE TOWN.

TOWN USE: To the Health Department: This available flow has been reviewed and is granted to the applicant for the proposed use.

If not utilized, this allocation expires _____, unless an extension is granted.

Approved by: _____

Date: _____